

UT Health Science Center:					
SIM113 SIM Learner Evaluation of Activity					
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## **Appendix A**

## UTHSC CHIPS SIMULATION EVALUATION



## 1. l am a:

STUDENT	RESIDENT	FELLOW	HOSPITAL STAFF
□ Dental	□ Anesthesiology	□ Cardiology Cat	□ Nurse
□ Medicine	□ Dental	□ Cardiology IV	□ OT
□ Nursing	□ EM	□ Endocrinology	□ Pharmacist
□ OT	□ IM	□ Nephrology	□ Physician
□ Pharmacy	□ Med-Peds	□ Oncology	□ PA
□ PA	□ Pediatrics	□ Peds EM	□ PT
□ PT	□ Surgery	□ Pulm/CC	□ Resp Therapy
□ Other (specify:)	☐ Other (specify:)	□ Other	□ Other
		(specify:)	(specify:)

2. Please indicate your agreement with the following statements	Agree		Neutral	D	isagree
This experience will improve my performance in the actual clinic setting.	5	4	3	2	1
This debriefing and/or feedback was valuable.	5	4	3	2	1
The objectives for this simulation were met.	5	4	3	2	1
The instructor/faculty was effective in facilitating the simulation.	5	4	3	2	1
This simulation was a valuable learning experience.	5	4	3	2	1

3. Please indicate your agreement with the following statements	Agree	Disagree:		
		Too Short	Too Long	
The length of time for the simulation was appropriate.				
The length of time for the debriefing and/or feedback was appropriate.				

- 4. Two things I liked about or learned from this simulation:
- 5. Two things I wish we had focused on or that could be improved:
- 6. Comments/Suggestions/Recommendations:

I do not wish for this anonymous information to be used for research or presentation.